Approved for use through 7/31/2000, 008 0031-0039

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Approved for use through 7/31/2000, 008 0031-0039

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

Application or flocket Number

Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR NUMBER FILED MUMBER EXTRA BASIC FEE RATE FEE RATE (37 CFR 1.18(a)) TOTAL CLAIMS OR (37 CFR 1.16(d) minus 20 o INDEPENDENT CLAIMS (37 CFR 1.16(M)) OR X & mious 3 = X & OR. X 5 MULTIPLE DEPONDENT CLAIM PRESENT (57 CFR 1.16(d)) OR " If the difference in column t is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II RCE (Column 1) OTHER THAN (Column 2) OR (Column 3) SMALL ENTITY CLAIMS REMAINING SMALL ENTITY HIGHEST ∢ NUMBER PREVIOUSLY PRESENT ADDI-TIONAL 128 RATE AFTER RATE ADDI-TIONAL **EXTRA AMENDMENT** PAID FOR FEE \<u>\alpha</u> FEE 58 OF OFR LIBOR 58 X 2 OR. X S OF OFR LUMB ũ OR X \$_ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CPR 1.15(4)) . OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIME HIGHEST 8 REMAINING NUMBER PREVIOUSLY PRESENT ADDI-TIONAL EN RATE ADDI-TIONAL AFTER RATE EXTRA AMENOMENT PAIDFOR FEE AMENDM Total Minus FEE CF CFR 1.18049 57 X 5 OR Mirus X S OR FIRST PRESENTATION OF MULTIPLE DEPONDENT CLASS (\$7,CFR (1.1800)) OR TOTAL TOTAL 18/07(Column 1) ADD'L FEE OR 6 ADD'L FEE (Cotumn 2) (Cotumn 3) CLAIMS O HIGHEST REMAINING NUMBER PRESENT RATE ADDI-TIONAL AFTER PAID FOR RATE EXTRA MENDMENT TIONAL Total (20 cas 1.10(d) FEE Minus ENDM 58 FEE 58 X S independent (IF CFR 1,1800) OR Miran 7.4 X S OR FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CF) 1.18(0) + : OR TOTAL

Lorente April

* If the entry is column 1 is less than the entry in column 2, write "O" in column 3.

** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (IN This columns 1).

The "Highest Number Previously Paid For" (IN This columns 1).

The "Highest Number Previously Paid For" (IN This columns 1).

The "Highest Number Previously Paid For" (IN This columns 1).

The "Highest Number Previously Paid For" (IN This columns 1).

The "Highest Number Prev

If you need assistance in complating the form, call 1-800-PTO-9199 and select option 2.

and the special

A great

in extra de

The second secon